

J1120 U.S. PTO
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A/Reissue

REISSUE PATENT APPLICATION TRANSMITTAL

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| | |
|--|-------------------|
| Attorney Docket No. | 688-103 |
| First Named Inventor | HSU |
| Original Patent Number | 5,987,760 |
| Original Patent Issue Date (Month/Day/Year) | November 23, 1999 |
| Express Mail Label No. | EL793400064 |

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
 - CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: *Cert. express mail*
Replacement Pages for Amendment

18. CORRESPONDENCE ADDRESS

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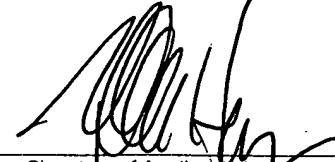
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|-------------------|------------------------|-----------------------------------|--------|
| NAME (Print/Type) | Rober M. Haroun | Registration No. (Attorney/Agent) | 34,345 |
| Signature | <i>Rober M. Haroun</i> | | |
| | Date | 11/19/01 | |

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| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | Docket Number (Optional) <u>688-103</u> | | | |
|--|--|-------------------------------------|---|-----------------------------------|--|---------------------------|---------------------------|----------|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) <u>3</u> | Total Claims (37 CFR 1.16(j)) | (B) <u>14</u> | **** = | x \$ <u>9</u> = | 40 | or | x \$ _____ = | |
| (C) <u>1</u> | Independent claims (37 CFR 1.16(i)) | (D) <u>2</u> | * <u>1</u> = | x \$ <u>40</u> = | 40 | | x \$ _____ = | |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ <u>355</u> | | | \$ _____ | |
| Total Filing Fee | | | | \$ <u>395</u> | | OR | \$ _____ | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ _____ = | or | x \$ _____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ _____ = | | x \$ _____ = | |
| Total Additional Fee | | | | | \$ _____ | | OR | \$ _____ |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> | | | | | | | | |
| <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-2025 order 688-104</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>395.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> | | | | | | | | |
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| <p><u>11/19/01</u> Date</p> | | | | |  <p>Signature of Applicant, Attorney or Agent of Record</p> | | | |
| <p><u>Robert Haroun</u> <u>Reg. No. 34,345</u></p> | | | | | <p>Typed or printed name</p> | | | |

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